



# HARFORD COUNTY HEALTH DEPARTMENT

120 S. Hays Street

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Bel Air, Maryland 21014-0797

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Health Officer

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Deputy Health Officer

## Application for Plan Review for a Food Service Facility

**Please make checks payable to Harford County**

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Phone Number: \_\_\_\_\_

Owner of Business/Corporate Contact Person: \_\_\_\_\_

Address of Owner/Corporate Contact Person: \_\_\_\_\_

Phone Number Owner/Corporate Contact Person: \_\_\_\_\_

Please List Name, Address, and Phone Number of Architect, Equipment Company and  
All Contractors Involved with Facility.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Building Permit Number: \_\_\_\_\_

Facility Classification: \_\_\_\_\_

Circle: New Facility / Addition to Existing Facility / Renovation of Existing Facility

Circle: Water Supply: Public Private

Circle: Sewerage: Public Private

Circle: Grease Interceptor: Required Not Required Existing

Circle: Will You Provide Catering: No On Site Off Site

### Official Use Only

Plans Received:

HACCP Information Received:

Fee Paid:

Approval By: County, Aberdeen, Bel Air, Havre de Grace, Health Department

B P Released:

U & O Released: